FOR INSTRUCTIONS, SEE BACK OF FORM CHECK ONE: This is an initial* Statement of Organization	A ETHICS APP	(1)	FORM DR-1	STATEMENT OF
This is an amended* Statement of Organization		- 55.	(Rev. 04/2008)	ORGANIZATION
"An initial Statement of Organization must be filed within 10 days of #6000mHitton 3 and 5 th 10 miles and 10 of the one of the organization must be filed within 10 days of #6000mHitton 3 and 5 th 10 of the organization must be filed within 10 days of #6000mHitton 3 and 5 th 10 of the organization must be filed within 10 days of #6000mHitton 3 and 5 th 10 of the organization must be filed within 10 days of #6000mHitton 3 and 5 th 10 of the organization must be filed within 10 days of #6000mHitton 3 and 5 th 10 of the organization must be filed within 10 days of #6000mHitton 3 and 5 th 10 of the organization must be filed within 10 days of #6000mHitton 3 and 5 th 10 of the organization must be filed within 10 days of #6000mHitton 3 and 5 th 10 of the organization must be filed within 10 days of #6000mHitton 3 and 5 th 10 of the organization must be filed within 10 days of #6000mHitton 3 and 5 th 10 of the organization must be filed within 10 days of #6000mHitton 3 and 5 th 10 of the organization must be filed within 10 days of #6000mHitton 3 and 5 th 10 of the organization must be filed within 10 days of #6000mHitton 3 and 5 th 10 of the organization must be filed within 10 days of #6000mHitton 3 and 5 th 10 of the organization must be filed within 10 days of #6000mHitton 3 and 5 th 10 of the organization must be filed within 10 days of #6000mHitton 3 and 5 th 10 of the organization must be filed within 10 days of #6000mHitton 3 and 5 th 10 of the organization must be filed within 10 days of #6000mHitton 3 and 5 th 10 of the organization must be filed within 10 days of #6000mHitton 3 and 5 th 10 of the organization must be filed within 10 days of #6000mHitton 3 and 5 th 10 of the organization must be filed within 10 days of #6000mHitton 3 and 5 th 10 of the organization must be filed within 10 days of #6000mHitton 3 and 5 th 10 of the organization must be filed within 10 days of #6000mHitton 3 and 5 th 10 of the organization must be filed within 10 days of the organization must be filed within 10 days of the org				
making expenditures, or incurring indebtedness exceeding \$750. Amendments must be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization. A candidate with an open				
Committee that exceeds \$750 in activity for another office shall file within 10 days often a new or amended			Audited	
DR-1 disclosing information concerning the campaign for the new office sought.				
COMMITTEE NAME ↓ ↓ (A candidate's committee must include the candidate's last name in the name of the committee.)				
Litizens to Elect Bill Thomas. Jr Sheniff				
IMPORTANT: Indicate type of committee you are reporting for: 5 (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committee involved in multiple city/county ballot issues)				
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE C	HAIR (mandat	forv except for a ca	indidate's committee)
Name + Prion Thomas	Manaa -			madate 3 committee)
Mailing Address ↓ ↓	Moiling Address		homos	
209 N Madison	Mailing Address	17 21	5 12 St	
City, State \downarrow Zip Code \downarrow	City, State $\downarrow \downarrow z$	ia Code ↓↓		52537
Phone (641) 722 - 37/5	Phone (641) 6	75-39		
e-Maile-Mail				
INDICATE PURPOSE OF COMMITTEE - Check One Box Advoc	cate for/against candid			
All Candidates Enter Davis Co. Sheniff	County/Local	Candidates and	ocate against ballot d Local Ballot Com	mittees Enter:
Political Party (if applicable) Democrat	County: 1		e elections, attach lis	t of counties
District: Towa				a or counties
Year Standing for Election:	Date of Election	1: _/\/UV ~	0008	
Bank Account Name (must match committee name)	Candidate name &	Address or Par	rent Entity (PACs if	f applicable)
Citizens to Elect Bill Thomas In Shynife	\downarrow		filiate, or Sponsor	<u> </u>
Name of Financial Institution/type of Account ↓ ↓	Mailing Address	l J	1.0	
Community First Bonk	28947	215+		
Mailing Address ↓ ↓ POBOK 130	Bloomf			zip ↓ ↓ 52537
City ↓ ↓ State ↓ ↓ Zip ↓ ↓	Phone (64)_4			
Keosougua Ia 52565	e-Mail	· · · · · · · · · · · · · · · · · · ·		
STATEMENT OF AFFIRMATION: By filing this document the committee affirm	ns the following:			
 The committee and all persons connected with the committee understand that the rules in Chapter 351 of the Iowa Administrative Code. 	hey are subject to the la	ws in Iowa Code	chapters 68A and 68	BB and the administrative
That lowa Code section 68A 402 and rule 351—4.9 require the filing of disclosu subjects the candidate or chairperson (in the case of committees other than a cand imposition of other criminal and civil sanctions.				
3. That lowa Code section 68A.405 and rules 351—4.38 through 4.43 require the materials except for those items exempted by statute or rule. A committee that wis does not intend to cross the \$750 filing threshold shall file the Form DR-SFA form i	hes to register a commi			
4. That lowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit the issue PACs.	receipt of corporate cor	tributions by all	committees except for	r statewide and local ballot
5. A candidate and a candidate's committee may only expend campaign funds as permitted by lowa code sections 68A.301 through 68A.303 and rule 351—4.25.				
6. That the committee will continue to file disclosure reports until all activity has ceased, committee funds spent, debts resolved, and a final report and a statement of dissolution (DR-3) has been filed.				
Bula Thomas	7	19-1	8	
Signature of Treasurer			Date Signed	
A Silliam L. Thomas dr		-19-0 -19-0		78 377 787 787 787
/ V Signature of Candidate, OR, for all other committees, Chairperson			Date Signed	